

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | W        | 71531  | 05-01-00 |
| O.I.P.E. CLASSIFIER       |          | SB     | 6/5/00   |
| FORMALITY REVIEW          | J        | 71531  | 8.3.00   |
| RESPONSE FORMALITY REVIEW |          |        |          |

## INDEX OF CLAIMS

|                        |            |         |              |
|------------------------|------------|---------|--------------|
| ✓ .....                | Rejected   | N ..... | Non-elected  |
| = .....                | Allowed    | I ..... | Interference |
| — (Through numeral)... | Canceled   | A ..... | Appeal       |
| ÷ .....                | Restricted | O ..... | Objected     |

| Claim | Original | 10/15/63 | Date |
|-------|----------|----------|------|
| 1     | ✓        | ✓        |      |
| 2     | ✓        | ✓        |      |
| 3     | ✓        | ✓        |      |
| 4     | ✓        | ✓        |      |
| 5     | ✓        | ✓        |      |
| 6     | ✓        | ✓        |      |
| 7     | ✓        | ✓        |      |
| 8     | ✓        | ✓        |      |
| 9     | ✓        | ✓        |      |
| 10    | ✓        | ✓        |      |
| 11    | ✓        | ✓        | 11   |
| 12    | ✓        | ✓        | 11   |
| 13    | ✓        | ✓        | 11   |
| 14    | ✓        | ✓        | 11   |
| 15    | ✓        | ✓        | 11   |
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| Claim             | Date |  |
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| Final<br>Original |      |  |
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| Claim    | Date |
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| Final    |      |
| Original |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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